



Short Form PC
Office of the Attorney General
Non-Profit Organizations/Public Charities Division
One Ashburton Place
Boston, MA 02108

To be filed only by organizations that wish to solicit funds prior to completion of their first fiscal year.

Report for the Fiscal Period: Beginning ____/____/____ **and ending** ____/____/____

Check all items attached: Articles of Organization ____ Agreement or Association ____ Instrument of Trust ____ By-laws ____

Attorney General's Acct. No.:

Federal ID Number:

IRS Exemption under 501(c):

Check box if **No** IRS Exemption []

Has the organization applied for or been granted IRS tax exemption status? Yes ____ No ____ If yes:

Date of Application: _____

Date of Determination

Letter: _____

If exempt under 501(c), are contributions to the organization tax deductible as charitable contributions? Yes ____ No ____

ORGANIZATION DATA

Name:

Mailing Address:

City:

State:

Zip:

Phone: ()

Fax: ()

E-Mail:

Web Site (URL): http://www.

**All questions must be completed in their entirety whether or not similar questions are answered
in an attached federal form. See instructions and definition section for guidance.**

In the section below, please enter the appropriate codes from the corresponding tables found on the instruction sheets:

Category	Code	Enter up to 2 codes from Table 3 for your organization's main purpose(s)	Code
County (Table 1)		Organization Purpose Code 1	
Type of Organization (Table 2)		Organization Purpose Code 2	

DO NOT WRITE IN THIS BLOCK

Payment Received:

\$

Schedule A-2
Solicitation activities planned for fiscal year which follows the reporting year.

List any names which will be used by the organization in connection with the solicitation of funds, other than the name which appears on page 1.
A.
B.
C.

Types of solicitation activities in which you expect to engage (check all that apply):			
	Mass mailings		Raffle, beano, bingo or gaming event
	Door-to-door		Sale of goods other than by telephone
	Entertainment event		Individual mailings
	Telemarketing without sale of goods or ads		Corporate solicitations
	Telemarketing with sale of goods		Grant proposals
	Telemarketing with sale of ads		Other (explain):
	Via the Internet		

Identify the method or methods you expect to use for fundraising (check all that apply):			
	A. Professional solicitor		D. Own employees
	B. Professional fundraising counsel		E. Volunteers
	C. Commercial co-venturer		

With respect to categories A, B and C, furnish names and addresses:

Name	Address

Identify by name and title the individuals who will have final responsibility for the charity's custody of contributions:

Name	Title

Identify by name and title the individuals who will have final responsibility for the charity's distribution of contributions:

Name	Title

Certification by Organization – TWO DIFFERENT SIGNATURES ARE REQUIRED

Under penalty of perjury, we declare that the information furnished above, including any attachments, is true and correct to the best of our knowledge.

Signature of President or other authorized officer or trustee	Title	Date

Signature of President or other authorized officer or trustee	Title	Date

INSTRUCTIONS FOR COMPLETING SHORT FORM PC

(To be filed only by a new organization that intends to solicit funds within its first year of operations.)

1. Enter all information requested on Pages 1-3 of the Short Form. All information must be TYPED or PRINTED **CLEARLY**.
2. Sign the form on Page 3. Note that **two (2)** signatures are required.
3. Attach the following:
 - a. a copy of the organization's charter, articles of organization, agreement or association, or instrument of trust
 - b. a copy of the organization's IRS determination letter, if one has been received
 - c. a list of the organization's board of directors or trustees
 - d. a copy of the organization's by-laws; and
 - e. a check for \$50.00 made payable to the Commonwealth of Massachusetts.
4. Mail the completed form and all attachments to:

**NON-PROFIT ORGANIZATIONS/PUBLIC CHARITIES DIVISION
OFFICE OF THE ATTORNEY GENERAL
ONE ASHBURTON PLACE
BOSTON, MA 02108**

Note: This instruction page and the attached tables **should not** be returned with the completed form.

The following tables are to be used to enter the codes requested on the Form:

Table 1

COUNTY	CODE	COUNTY	CODE
BARNSTABLE	1	MIDDLESEX	9
BERKSHIRE	2	NANTUCKET	10
BRISTOL	3	NORFOLK	11
DUKES	4	PLYMOUTH	12
ESSEX	5	SUFFOLK	13
FRANKLIN	6	WORCESTER	14
HAMPDEN	7	OUT-OF-STATE	15
HAMPSHIRE	8	FOREIGN	16

Table 2

TYPE OF ORGANIZATION	CODE	TYPE OF ORGANIZATION	CODE
Arts/Culture/Humanities	1	Recreation/ Sports/ Leisure/ Athletics	14
Educational Institutions and Related Activities	2	Youth Development	15
Environmental Quality/ Protection/ Beautification	3	Human Services - Multipurpose and Other	16
Animal Related	4	International/ Foreign Affairs/ National Security	17
Health - General and Rehabilitative	5	Civil Rights/ Social Action/ Advocacy	18
Mental Health and Crisis Intervention	6	Community Development/ Capacity Building	19
Diseases/ Disorders/ Medical Disciplines	7	Philanthropy/ Voluntarism/ Grantmaking Foundations	20
Medical Research	8	Science and Technology Research Institutes/ Services	21
Crime and Legal Related	9	Social Science Research Institutes/ Services	22
Employment and Job Related	10	Public/ Society Benefit - Multipurpose and Other	23
Food/ Agriculture/ Nutrition	11	Religion Related/ Spiritual Development	24
Housing and Shelter	12	Mutual/ Membership Benefit Organization/ Other	25
Public Safety and Disaster Preparedness/ Relief	13	Other	26

Table 3

PURPOSE	CODE	PURPOSE	CODE
HIGHER EDUCATION	1	POLICE	32
SECONDARY EDUCATION	2	FIRE	33
ELEMENTARY EDUCATION	3	EMERGENCY AID/DISASTER RELIEF	34
PRE-ELEMENTARY EDUCATION	4	OTHER PUBLIC SAFETY	35
DAY CARE CENTER (CHILD OR ADULT)	5	EX-OFFENDERS	36
SCHOLARSHIPS	6	VICTIM ADVOCACY	37
PARENT TEACHER GROUPS	7	FRATERNAL	38
OTHER EDUCATIONAL	8	PROFESSIONAL/OCCUPATIONAL	39
HOSPITAL	9	VETERANS	40
REHABILITATION	10	CHILDREN	41
NURSING HOME, LONG TERM CARE	11	ADOPTION	42
DIRECT HEALTH SERVICES (NON-HOSPITAL)	12	YOUTH SPORTS	43
MENTAL HEALTH	13	ELDERLY	44
FAMILY PLANNING	14	FAMILY SERVICES	45
DRUG ABUSE	15	LEGAL SERVICES	46
ALCOHOL	16	POOR	47
AIDS	17	PERSONS WITH DISABILITIES	48
ALZHEIMER=S	18	MINORITIES	49
HEART DISEASE	19	WOMEN= S ISSUES	50
CANCER	20	GAY, LESBIAN, TRANSGENDERED, BISEXUAL	51
OTHER HEALTH	21	HOMELESS SHELTER	52
MUSEUM	22	ANIMALS	53
LIBRARY	23	CONSUMER	54
PERFORMING ARTS	24	CIVIC	55
OTHER CULTURAL	25	ISSUE ADVOCACY	56
HISTORICAL SOCIETY	26	RELIGIOUS	57
OTHER HISTORICAL	27	FRIENDS OF	58
ENVIRONMENT	28	RESEARCH	59
LAND CONSERVATION	29	PROVIDE GRANTS	60
COMMUNITY/NEIGHBORHOOD DEVELOPMENT	30	OTHER:	61
HOUSING FACILITY	31	OTHER:	62